

Equality Impact Assessments Toolkit EqIA Template



You must consider the [Equality Impact Assessment Guidance](#) when completing this template.

The EDI team can provide help and advice on undertaking an EqIA and also provide overview quality assurance checks on completed EqIA documents.

EDI team contact email: edi_team@sandwell.gov.uk

Quality Control	
Title of proposal	Extending Cooperative working Agreement
Directorate and Service Area	Public Health
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Other officers involved in completing this EqIA	Lydia Dunne
Date EqIA completed	19/09/2024 Updated following feedback from EDI team: 04/10/2024
Date EqIA signed off or agreed by Director or Executive Director	
Name of Director or Executive Director signing off EqIA	Liann Brookes-Smith
Date EqIA considered by Cabinet	16 October 2024
Where the EqIA is Published (please include a link to the EqIA and send a copy of the final EqIA to the EDI team)	To be published with Cabinet papers

Section 1.

The purpose of the project, proposal or decision required

This proposal to vary the Collaboration Agreement with Sandwell and West Birmingham Hospitals NHS Trust.:

That the Interim Director of Public Health to be authorised to:

- **Increase the budget for existing services specified within the Collaboration Agreement as detailed in the report.**
- **vary the services specified within the Collaboration Agreement to include the Child Vision Screening service and additional Early Help administrative support and breast feeding enhanced support and remove the infection control doctor contribution.**
- **review and increase the Council's financial contribution under the Agreement in line with current inflation to a maximum of 10% of the contract value.**
- **extend the Agreement for an additional 6 month period – beyond the current term, from October 2026 until March 31st 2027.**

Aims and objectives

The Cooperative Working Agreement is a way to work with a provider jointly to achieve the best service for Sandwell residents. The Cooperative Working Agreement covers a range of Public Health services including:

- **Health Visiting**
- **children's 0-5 services**
- **best start in life**
- **Breastfeeding support**
- **Infant Feeding**
- **Early help**
- **Child Vision Screening**
- **Sexual Health Services**

The cooperative working agreement allows local partners to utilise the benefits of collaborative working which positively impacts delivery for our residents. As such we wish to benefit further and ensure good quality outcomes from the agreement by procuring services aligned with current need and priority areas.

How does this deliver objectives in the council plan?

Council Plan Theme	
Growing Up in Sandwell	Evidence shows that the Healthy Child Programme - Health visiting best start, breastfeeding support and child vision screening are all imperative for children's development. They will all enable the council to achieve outcomes 1 to 8.
Healthy in Sandwell	Having a healthy start in life enables children to develop into healthy adults, with good educational achievement and employment.
Healthy in Sandwell	Sexual Health Services provide advice and support for contraceptive Sexual Health Infections (STIs) and treatment. through prevention &

	early detection this will reduce the number of unplanned pregnancies and sexual transmitted infections, therefore reducing the burden on the local system and NHS.
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Outcomes

The outcome is to continue to provide a high-quality service for residents for The Best Start in Life 0-5 years services and Sexual Health Service for residents in Sandwell. The main changes to the existing agreement are around finances, and the addition of services:

- **The Cooperative Working Agreement is due a review of provision and costs as this has not been updated since its inception almost 8 years ago in 2016. An increase in cost is necessary as we operate transparently regarding expenses and understand the outlay for the service is going beyond its budget.**
- **Additional services are added to the agreement; vision screening and breastfeeding support.**
- **A 6 month extension to draw this agreement in line with the financial year.**

Business case

The agreement came to an end on 30 September 2024 with an option to extend for 2 years. The agreement is currently performing to a good standard and the request to extend for 2 years has been proposed along with a 6 month extension. Following the end of this agreement a full re-commission of the services within the agreement will be carried out.

Relationship with other policies, strategies, procedures or functions

This approach supports wider partnership working between Sandwell Council's Public Health team and Sandwell and West Birmingham NHS Hospital Trust. The breadth the co-operative working agreement impacts across the local systems with partners from the Local Authority Public Health, Childrens Trust, SWBH Trust, Black Country ICB and Sandwell Primary Care.

What are the issues or likely impact on equality groups

In terms of equality groups this service will be highly beneficial for maternity, pregnancy and hence women. In addition, it will benefit those in a marriage/civil partnership due to the positive impact on relationships. Due to health inequalities certain groups such as those on low income and those who don't speak English may face barriers to access. Plans are in place to work with the services to overcome these barriers.

Impact on other service areas/directorates and partners

No significant impacts are anticipated.

Section 2.

Evidence used and considered. Include analysis of any missing data

This equality impact assessment is based on data from OHID Fingertips, as well as national guidance. Some demographic data from the 2021 Census and Sandwell Trends has also been used.

Section 3.

Consultation

The following consultations and needs assessments have informed all service designs with the Cooperative Working Agreement:

SHAPE completes a survey with young people living in Sandwell every year, the latest being 2023, with 1139 respondents. The main findings from the report portray that children and young people are finding life challenging with the pressures of school work, exams and fitting into society in an environment of increasing crime and substance misuse. As part of developing the Family Hubs programme for the infant feeding workstream, consultation was taken place in 2022, with partners when mapping services and support, which led to enhancement in services for the health visiting service. A Perinatal mental health and parent infant relationships Needs Assessment was completed for Sandwell in 2024. Consultation was completed in 2021 re school nurses, consulting with children, young people and parents with children who were at primary and/or secondary school. A high proportion stated they were unaware of the school nursing service and the support which was offered, suggesting the need for Health visiting in early years.

Section 4.

Summary assessment of the analysis at section 4a and the likely impact on each of the protected characteristics (if any)

Age – no positive or negative impact has been identified.

Disability – no positive or negative impact has been identified.

Gender reassignment – impact is likely to be neutral.

Marriage and civil partnership – a positive impact has been identified.

Pregnancy and maternity – positive impacts have been identified.

Race – no positive or negative impact has been identified.

Religion or belief – no positive or negative impact has been identified.

Sex – positive impacts have been identified for both women and men.

Sexual orientation – no positive or negative impact has been identified

Other groups:

Low income – people on a low income may face additional barriers to accessing the service which will need monitoring and mitigations explored as needed.

Language barriers – people who do not speak or understand English may have barriers to accessing care, and mitigations will be taken to overcome these.

Section 4a - What are the potential/actual impacts of the proposal on the protected characteristics?

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Age	Ne	<p>0-5s</p> <p>This is a specialist service aimed at those aged 0-5 and should positively impact this age range. The benefits of this service should continue during and beyond their access age of 0-5 years. The aim of the service is for individuals to get the best start in life, and provide their family and caregivers with the tools to support this. To mitigate and risks of those moving out of the age range of this services and may still require continued support they will be transferred into the next age-appropriate service for example School Nursing and Childrens Social Services.</p>		
	Ne	<p>Sexual Health</p> <p>This service is designed to see all ages. Those who are under the age of 16 and want to access this service are supported by a clinician to safeguard the individuals whilst also protecting their anonymity and not requiring parental consent. This comes under the Fraser guidelines. The Fraser guidelines are guidance</p>		

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>to doctors and health professionals in England and Wales on providing advice and treatment to young people under 16 years of age about contraception and sexual health without parental consent. The guidelines require the professional to be satisfied that the young person understands the advice, cannot be persuaded to inform their parents, is likely to have sexual intercourse, and needs contraceptive treatment to prevent harm to their health.</p>		
Disability	Ne	<p>Both NHS services - 0-5 and Sexual Health will be well equipped to support people with disabilities. We will check accessibility with providers and consider mitigations if needed.</p> <p>However, the services will be expected to use the NHS Reasonable Adjustment Digital Flag Information Standard to inform the service. Reasonable adjustments are a legal requirement to make sure health services are accessible to all disabled people.</p>		

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>To mitigate this risk the service will collect appropriate data within the clinical assessment to invite individuals to disclose if they have undergone gender reassignment. This will not affect the service they receive however it does mean that the most appropriate services for the person can be accessed.</p> <p>An example where clinical practice has reflected the inclusion of this protected characteristic is cervical screening. The language used in Cervical Screening has been updated and includes 'those with a cervix'.</p>		
Marriage and civil partnership	(P)	<p>0-5s: Health visitors lead the universal Healthy Child Programme, which enables them to build trusted relationships with parents and explore more sensitive, personal issues. Understanding the quality of relationships is important to their work, using active listening to identify early signs of relationship distress, and offering advice and brief interventions to help parents to understand how to reduce or avoid conflict. This would apply if the parents are married or in a civil partnership.</p>		

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>Sexual Health: Anyone can access the sexual health service.</p> <p>Health Care professionals build up a rapport with patients. In some cases, patients may disclose unhealthy or harmful relationships to the health care professional, or a physical examination may reveal suspected harm to an individual. If they feel the individual is at risk an appropriate safeguarding referral will be made within the Trust, with the individual's consent.</p>		
Pregnancy and maternity	P	<p>0-5s: The first mandated component of the Healthy Child Programme delivered by Health Visitors is the antenatal health promotion visit. They will complete the health needs assessment covering physical health (such as not smoking and the benefits of breastfeeding), mental and emotional health. The health visitor will also discuss the transition to parenthood, how to enhance the parent-child bonding experience</p>		

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>and how parents can help their baby's early development.</p> <p>Sexual Health: Women who are pregnant are able to access a range of Sexual Health Services. The services they are offered may be tailored to protect the mother to be and baby from any unnecessary risks. The aim of services offered will always be around the mother to be and babies safety. Sexual Health Services have strong link with Maternity Services to ensure women who have recently given birth are provided with appropriate information on sexual health and contraception postnatally. Preconception care – guidance is provided to women who are planning to become pregnant which informs them on healthy pregnancy. Unplanned pregnancies are supported through a pathway to termination of pregnancy services if this is the patients request. This service supports women both physically and with their mental health.</p>		

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>Maternity may potentially make it harder for eligible women to attend if they did not have suitable childcare provision. However, this group may also be positively advantaged as they may be more likely to be in contact with primary care in the postnatal period, which may allow for invites to be offered opportunistically. We will explore provision outside of normal working hours to provide greater choice and flexibility for those with work or childcare responsibilities.</p>		
Race	Ne	<p>0-5's: Racism is a known risk factor for health in children, ranging from preterm birth and low birthweight, to major depression and asthma. However, investing in the early years can help to address health inequalities.</p> <p>Sexual Health: Uptake by ethnic group will be monitored to assess for inequalities.</p>	The service will collect higher quality and more complete quantitative data disaggregated by race, ethnicity, and other forms of categorisation.	
Religion or belief	Ne	0-5s:	Service will be requested to practice CPD in these areas including completing:	

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	Ne	<p>Sexual Health: Sexual Health Services may be accessed disproportionately by different cultures. This may be due to acceptance of sexual activity within cultures.</p> <p>To mitigate this, online testing increases the opportunities for access to all groups in our community. It provides a discrete remote service. Screening of sexual transmitted infections can be done at the individual's convenience in a location or setting in which it is safe to do so.</p> <p>All services</p> <p>The proposed services will be available for all children and families who are eligible regardless of religion or beliefs. Uptake in specific groups may be lower when compared with other groups due to cultural practices. Services will have their</p>	<p>A cultural competence e-learning programme for healthcare professionals in the NHS.</p> <p>And reading: The Department of Health and Social Care Religion or belief: A practical guide for the NHS, and The Royal College of Nursing created A guide to cultural and spiritual awareness</p> <ul style="list-style-type: none"> • We will continue to monitor access to the service - both face to face and online. • We will ask the provider the complete and EQIA in addition to the commissioners EQIA to identify how they will mitigate this risk. 	

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		individual EQIAs which will outline the steps that they will take to ensure good uptake across all eligible children and families. These EQIAs will need to demonstrate their inclusive approach and their approach to mitigating risks and addressing any potential issues through their service policies and procedures.		
Sex	P	<p>0-5 Recent research in the UK found that fathers (men) feel ignored by Health Visitors in the year after birth.</p> <p>Sexual Health: In the current contract, women access the service than in men. This is often seen in NHS services as women are more likely to access health care across the sector. To mitigate this risk, there is an online offer which aims to help break down the barriers of embarrassment and asking for support. To date the access to online testing has seen an increase in the number of men accessing the service compared to the face-to-face service.</p>	<ul style="list-style-type: none"> • We will request basic demographic details of the baseline eligible population through the service specification so that we can more effectively monitor inequalities in uptake • We will require providers to address inequalities in uptake • If needed, we will provide tailored advice/support to providers to increase uptake in men • For health visiting we will take action towards building a more father-inclusive service. 	<p>Jan 2025</p> <p>As needed</p>

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>All Services</p> <p>The proposed services will be available for all children and families who are eligible regardless of sex. Uptake is likely to be higher in females than males. Services will have their individual EQIAs which will outline the steps that they will take to ensure good uptake across both sexes. These EQIAs will need to demonstrate their inclusive approach and their approach to mitigating risks and addressing any potential issues through their service policies and procedures.</p>		
Sexual Orientation	Ne	<p>No impacts are anticipated</p> <p>Services will have their individual EQIAs which will need to demonstrate their inclusive approach to supporting children and families.</p>		
Could other socio-economic groups be affected?				

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Carer Low income groups Veterans/Armed Forces Community Other	Ne	<p>Low-income groups – individuals on a low income may face additional barriers in accessing the service – for example, in terms of costs to attend (such as travel) or competing priorities.</p> <p>People who do not speak or understand English well – evidence shows that people who don't speak English have more difficulty in accessing health services.</p>	<ul style="list-style-type: none"> • Low-income groups: <ul style="list-style-type: none"> ○ We will request basic demographic details of the baseline eligible population through the service specification so that we can more effectively monitor inequalities in uptake ○ We will require providers to address inequalities in uptake ○ If needed, we will provide tailored advice/support to providers to increase uptake. ○ We will explore provision outside of normal working hours to provide greater choice and flexibility for those with work or childcare responsibilities. • People who do not speak or understand English well – we will work with community groups and Sandwell Language Network to meet people 	<p>Autumn 2024</p> <p>Autumn 2024</p> <p>As needed</p>

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
			<p>where they're at and ensure they understand the services available.</p> <ul style="list-style-type: none"> All services provided will be required to use translation and interpreting services for people who don't speak English. 	<p>Autumn 2024</p> <p>Autumn 2024</p>

If there are no adverse impacts or any issues of concern or you can adequately explain or justify them, then please move to Sections 6.

5. What actions can be taken to mitigate any adverse impacts?

- Ensure robust monitoring processes.
- Build in requirements to support equity of uptake into the service specification, including training requirements.
- Seek assurance from SWBH Trust around their policies and plans around their own EQIA's of the services within the agreement.
- Consider the data on protected characteristics at quarterly monitoring meetings and discuss how any impacts can be mitigated or minimised.
- Consider what support can be provided from the Public Health team to identify barriers to uptake in specific groups and promote/enable access.

6. Section 6: Decision or actions proposed

- Overall, the services in the Cooperative Working Agreement will be hugely beneficial to people in Sandwell, including those with protected characteristics.
- There is likely to be some inequality in uptake of the service, but these would be a function of any model chosen. This will require ongoing monitoring and minimising.
- Adjustments will be made as detailed above to mitigate against the issues identified and provide enhanced monitoring relative to the current contract.

7. Monitoring arrangements

- Monitoring reports for the services provided within the CWA will be reported quarterly. These reports will allow us to monitor certain characteristics (age, sex, ethnic group)
- We will explore the feasibility of developing a baseline dataset that will provide us with denominators so that we can understand uptake in these groups.
- We will gather feedback from patients (in an accessible way) to understand their experiences of using the service and whether it met their needs, and how we can feed this back into services for continuous improvement and inform future recommissioning.

Section 8 Action planning (if required)

Question no. (ref)	Action required	Lead officer/ person responsible	Target date	Progress
4a	To ensure that these considerations are monitored and evaluated as part of collaborative working agreement service meetings.		Summer/ Autumn 2024	

If you have any suggestions for improving this process, please contact EDI_Team@Sandwell.gov.uk